LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV MEETING MINUTES

January 13, 2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, *Co-Chair*	Sergio Aviña	Henry Aaron	Michael Green
Michael Johnson, *Co-Chair*	Anthony Braswell	Celia Banda-Brown *(by phone)*	Juhua Wu
Al Ballesteros	Carrie Broadus	Wes Coast	
Robert Butler	Fredy Ceja	Mark Damesyn *(by phone)*	
James Chud	Nettie DeAugustine	Marc Davis	**COMMISSION STAFF/CONSULTANTS**
Whitney Engeran-Cordova	Douglas Frye	Miguel Fernandez	
David Giugni	Quentin O'Brien	Susan Forrest	Erinn Cortez
Jeffrey Goodman	Mario Pérez	Joseph Green	Dawn McClendon
Thelma James	Jennifer Sayles	Shawn Griffin	Jane Nachazel
Lee Kochems		Tim Hughes	Glenda Pinney
Bradley Land		Miki Jackson	James Stewart
Ted Liso		David Kelly	Craig Vincent-Jones
Anna Long		Ayanna Kiburi	Nicole Werner
Abad Lopez		Joseph Leahy	
Jenny O'Malley		Leslie McCludy *(by phone)*	
Dean Page/Terry Goddard		Sheryl Moses	
Angélica Palmeros		Christine Nelson *(by phone)*	
Karen Peterson		Francisco Padilla	
Juan Rivera		Alberto Reynoso	
Stephen Simon		Tania Rodriguez	
Robert Sotomayor		Michelle Roland	
Tonya Washington-Hendricks		Beatruz Romeu	
Kathy Watt		Alessandro Rosse *(by phone)*	
Fariba Younai		Natalie Sanchez	
		Sharon White	
		Jason Wise	

1. **CALL TO ORDER**: Mr. Johnson called the meeting to order at 9:15 am. Executive Office staff administered the Oath of Office to Commissioners due to the change in leadership
   - **A. Roll Call (Present)**: Bailey, Ballesteros, Butler, Chud, Giugni, Goodman, James, Johnson, Kochems, Land, Liso, Long, Lopez, O'Malley, Page/Goddard, Peterson, Rivera, Simon, Sotomayor, Washington-Hendricks, Watt

2. **APPROVAL OF AGENDA**:
   MOTION 1: Approve the Agenda Order with Item 10.B. on the committee assignment process postponed and Item 18.A. moved up to enable JPP to discuss the State budget prior to the OA report ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION 2: Approve the minutes from the 12/9/2010 Commission on HIV meeting ***(Passed by Consensus)***.

4. **CONSENT CALENDAR**:
   MOTION 3: Approve the Consent Calendar with Motion 6 withdrawn ***(Passed by Consensus)***.

5. **PARLIAMENTARY TRAINING**: There was no report.

6. **PUBLIC COMMENT, NON-AGENDIZED**: Mr. Kelly announced the latest POZ Life weekend sponsored by Life Group LA for those infected and affected by HIV. It will be 1/22/2011 to 1/23/2011 in West Hollywood. Contact www.TheLifeGroupLA.org.

7. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

8. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There were no comments.

9. **EXECUTIVE DIRECTOR'S REPORT**: Mr. Vincent-Jones reported the Health Insurance Premiums Payment/Cost-Sharing (HIPP/C-S) Focus Groups will be 1/19/2011, 8:00 to 11:00 am, and 1/20/2011, 9:00 am to 12:00 noon. Consumers will receive $50 in incentive vouchers for participation. Call-in participation is not available. All Consumer Caucus members are asked to attend and to bring at least one other consumer.

10. **CO-CHAIRS' REPORT**:
    - **A. Pol. #09.2102: Executive Committee At-Large Elections/Terms**:
      MOTION 4: Approve Policy/Procedure #09.2102 *(Executive Committee At-Large Member Elections and Terms)***,** as presented ***(Passed as part of the Consent Calendar)***.
    - **B. Pol. #09.1002: Committee Assignment Process**: This item was postponed.
    - **C. Commission Reorganization Plan/Assignments**:
      - Mr. Johnson reported that he and Ms. Bailey had conversations with many Commissioners both before and after the Co-Chair election. A recurrent theme concerned the consumer impact due to Health Care Reform (HCR) and 1115 Waiver changes, as well as fiscal challenges. Another theme was increased opportunity for consumer leadership. The Co-Chairs, as a result, reviewed and revised committee workloads and assignments to focus on those priorities while increasing opportunities for leadership development.
      - The challenge of responding to HCR is the focus of many County discussions. The day before, the 2nd and 5th District Offices asked Health Services, Public Health and Mental Health about consumer access during these transitions and requested a plan to ensure it.
      - It is estimated that 70% of consumers will migrate from the current Ryan White (RW) medical outpatient provider network to other systems, especially Medi-Cal managed care, by 2014. That will also reduce ADAP to a secondary drug provider after other plans. Meanwhile, a large number of patients remaining in the Ryan White-funded system will be those ineligible for Medi-Cal or other plans.
      - The 1115 Waiver will begin moving Seniors and Persons with Disabilities (SPDs) who are already Med-Cal eligible starting on June 1, 2011. Mandatory enrollment will occur monthly by date of birth. Los Angeles County will be participating in the Medicaid Coverage Expansion (MCE) by increasing enrollees in Healthy Way LA (HWLA) so that the enrolled numbers will rise from 68,000, with 55,000 active, to 130,000 between now and 2014.
      - Budget proposals are meant to save money, but pose unintended consequences. Ryan White funding may change significantly when it is reauthorized. The community's 25 years of HIV history and knowledge is essential helping to identify and avert unintended consequences from these transformations.
      - Mr. Johnson went on to say that the Commission needs to evaluate its priorities with each committee reviewing its work plan to identify what it must do for Ryan White compliance and what should be looked at that will impact consumers going forward. That is the role of community planning.
      - Priorities identified to the Co-Chairs through extensive individual and Commission/committee discussion are: HCR; 1115 Waiver, County implementation; consumer education/training, especially on transition to managed care plans; the County safety net; Testing and Linkage to Care Plus (TLC+); Comprehensive Care Planning (CCP); SOC, how to migrate to managed care plans which now do not have HIV quality indicators; undocumented residents; and

streamlining operations. Ms. Watt asked if Ryan White reauthorization is an assumed priority as it is not noted. Mr. Johnson said it was.

- The Co-Chairs felt that there are key issues pertaining to the whole Commission, so they elevated three task forces to Commission Task Force status: HCR, to be chaired by Ms. DeAugustine and Mr. Goodman; CCP, chaired by Ms. Watt; and Commission/PPC Integration, including attention to care/prevention integration. Each will report to the Commission monthly. He and Ms. Bailey have requested identified chairs to assume these roles. Chairs were selected based on expertise in the areas. Task force volunteers are welcome, but chairs are asked to evaluate skills needed at the table.
- Key priorities that the JPP Committee should review, assess and address are: assess County-level policy recommendations per service jurisdictions, e.g., regarding managed care; retention of consumers in care during transition to managed care; coordinate adoption of standards of care with policy-making institutions; preserve HIV funding; strategize future of Ryan White; safeguard HCR implementation strategies.
- Key Operations Committee priorities to review, assess and address are: comprehensive training, especially for consumers; Ordinance review; public awareness in conjunction with the Consumer Caucus; Administrative Mechanism efficiencies and effectiveness; identification of alternative resources.
- Key P&P Committee priorities to review, assess and address are:: assess resources to transition consumers to managed care scheduled to begin 6/1/2010; assess provider challenges under managed care; address HIV service gaps in managed care; ensure geographic service distribution.
- Key SOC Committee priorities to review, assess and address are: publish standards of care; assess standards translation into managed care delivery systems; migrate key standards for managed care application; establish managed care HIV quality indicators; evaluate service effectiveness/best practices; consolidate standards and understanding of service feasibility. Mr. Johnson noted that the Chief Medical Officer, of Los Angeles County's Community Health Plan (CHP), has been asked to provide key people to assist.
- Ms. Bailey said the HCR Task Force will craft an implementation plan based on topics identified at the Annual Meeting, and others that arise related to these issues. The CCP Task Force will work towards an integrated care/prevention plan and reduced community planning redundancy. The Commission/Integration Task Force priorities are Continuum of Care (CoC) integration and developing a TLC+ plan.
- Ms. Bailey added that the Consumer Caucus will lead by developing a Community Mobilization Plan to maintain the consumer focus and interest. The Latino Caucus will address needs specific to the large Latino population, especially for undocumented residents, and the needs of Medi-Cal ineligible populations more broadly.
- Mr. Johnson said committee assignments are designed to offer new leadership opportunities, deploy talent to key change areas and ensure committees reflect ethnic, gender, geographic and consumer/provider balance. Committees are also reviewed to ensure similar size and a balance of newer and experienced commissioners. He added that all secondary committee assignments have been temporarily revoked until Commission members have the opportunity to request new or renewed secondary committee assignments in light of this new plan.
- He said some of the re-assignments might be jarring, but noted that the Commission must work hard to get ahead of the curve, in particular to present an effective voice protecting consumers during the transition to Medi-Cal managed care. He reiterated that it may feel rushed, migration to managed care plans begins 6/1/2011. He said that the Co-Chairs discussed all re-assignments in advance with the respective Commission members.
- Ms. Watt said that she found the process uncomfortable despite supporting the goals. Mr. Johnson and Ms. Bailey called her 1/12/2011 and to tell her about the changes, but felt it was not explained adequately. She had been asked to assume the CCP chair while participating on the Integration Task Force, JPP and PPC. Mr. Johnson said that he and Ms. Bailey felt Ms. Watt was the best to lead the conversation on the CCP and its relation to integration, while Ms. DeAugustine and Mr. Goodman were the best to lead the HCR conversation, given their combined, diverse health care experience.
- Mr. Engeran-Cordova responded that committee assignments were made unilaterally, even though he welcomed mentorship of new Commission leaders noting that he was tired after nine years as a committee co-chair. Mr. Butler said Commission Co-Chairs have always made committee assignments in January, per By-Laws.
- Mr. Butler asked about task force reports. Mr. Vincent-Jones expected that Task Forces are intended to include many non-Commission members as well. They do not have quorum requirements as a result, and their decisions must be approved by the Executive Committee in this case. While agendas and minutes are not required, the spirit of these task forces is, however, similar to committees, so they should provide agendas, minutes, and monthly reports to the Commission and Executive Committee.

- Mr. Simon understood the Co-Chairs' document lays out a plan for the Commission to review and revise as needed. He added that the Co-Chairs can also change committee assignments if needed. He noted there was a JPP meeting the following week. As their work plan was just revised in December, he was unsure how new priorities could feasibly be incorporated and looked to the Executive for further guidance.
- Mr. Land said he felt the plan reflects the prior month's Executive Committee discussion and many comments from various Commissioners. Commission Co-Chairs are given the authority to assign committee members, but usually have made few changes. He noted that both Mr. Engeran-Cordova and Dr. Younai have called for the Commission to "shake things up," so the plan is a start. He indicated that change is not easy, and is moving quickly. Mr. Land felt that the plan reflected a good, organic discussion and it was now time to move forward.
- Dr. Long indicated that everyone participates on the Commission for the same reason, and everyone knows that change is inevitable and difficult. She felt it was a great starting point, but encouraged all to make the transition as gentle as possible. Everyone around the table must remain strong and must make fear and the feelings secondary to the issues.
- Ms. Washington-Hendricks expressed concern about changing leadership in the midst of current projects, such as her committee, P&P, has important projects already underway. She appreciates the new leadership and suggestions and that the decisions were difficult. She is eager and willing to work with new P&P members, and hopes for a different decision-making process moving forward.
- Mr. Johnson responded that the Co-Chairs were aware of key work on a new two-year Priorities- and Allocations-Setting cycle. Mr. Goodman and Ms. Watt have done a great job to get the committee to the point where it could implement such an important change. The Co-Chairs felt that P&P is sophisticated enough to complete it and new members with more Medi-Cal experience were added to the committee to help it navigate these changes in the new environment.
- Mr. Engeran-Cordova felt no one feared change or was unaware of urgency, but was concerned about changes being made without consensus—a common complaint about OAPP. He felt it disrespectful to re-assign people who have already accomplished a great deal of the work. He recommended Co-Chairs present their first to the Executive Committee and then to the Commission, if needed.
- Mr. Goodman agreed Co-Chairs can make committee assignments, but the document changes Commission structure and creates new entities. He questioned who had been consulted, and said he was not among several who were not. He felt that contradicts the consensus nature of community planning and the matter should have come before the Executive Committee. He noted that aside he had been removed from P&P and JPP and reassigned to the HCR Task Force and SOC, the latter a committee in which he did not have interest.
- Mr. Stewart reiterated Co-Chairs are charged with making committee assignments. Commissioners may request re-assignment or additional assignments. The plan is part of the Commission's work plan, which is part of the Executive Committee's regular work.
- Ms. Watt stressed the importance of transparency and open discussion and that changes needed to be factual and not motive-based. She went on to say that she will do the work and noted that she is expected to identify members and goals for the CCP Task Force while representing her PPC seat, continuing to play a key role on the Integration Task Force and participating in JPP.
- Mr. Butler reiterated that there was a close Co-Chair election, and both candidates acknowledged urgent circumstances. The Co-Chair who was elected offered a plan, noting that everyone has discussed these issues. The Co-Chairs crafted a plan with committee assignments that reflect it.
- Mr. Liso acknowledged that he respects those who have already made significant contributions, and that implementing such a plan required everyone to work together. Ms. O'Malley felt it is important for the Commission to demonstrate that there can be disagreements while still moving forward. She reminded the Commission that, in spite of disagreements, it must maintain public decorum while discussing these issues.
- Mr. Engeran-Cordova felt that categorizing the discussion as "people don't like change" minimized his concern that this style of leadership was by fiat, and suggested further discussion at the Executive Committee. Mr. Johnson responded that plan incorporated ideas from multiple and numerous conversations with the committees, the Consumer Caucus and Commissioners. He added that the Co-Chairs intend the Executive Committee to focus on strategic and organizational planning as the work develops.
- Mr. Ballesteros recommended addressing the subject in a more systematic way. He noted that this was the first time a plan was presented in January, and asked colleagues to acknowledge that leadership develops and this is the first

month of new leadership. Mr. Ballesteros recommended holding a fuller discussion on implementation at the next Executive Committee.

- While he supported planning to meet impending changes, Mr. Goodman felt structural issues should be discussed at the Executive Committee, and noted that this plan had not been discussed at the Executive Committee in its entirety.
- Mr. Vincent-Jones clarified task forces are all committee task forces that have been elevated to Commission-level. He reminded the Commission that the Co-Chairs or Executive Committee could create or elevate task forces, per the policy/procedure approved in December.
- Mr. Johnson responded that the need to address planning quickly was stressed at length at the 1/3/2011 Executive Committee meeting. He and Ms. Bailey have made numerous calls to individual Commissioners to discuss how to expedite these priorities. He added that about one-third of the committee assignments are new, including all three Executive Committee At-Large members elected in December, who voluntarily vacated their Executive Committee seats to serve in other roles.
- Ms. Watt reminded the Commission to keep its "eye on the prize": to prevent new infections, find the undiagnosed and maintain care for consumers in care. She expressed concerns about launching a task force without defined goals. She also indicated that many existing committee meetings have difficulty meeting quorum, and questioned whether people can commit to additional task force work.
- Mr. Johnson responded that the Commission has always created task forces and subcommittees in the past to address a specific issue, given it broad conceptual purpose and then left it to the particular body to determine the best goals, strategy and implementation plans within that context.
- Mr. Johnson also responded that, in making committee assignments, the Co-Chairs reviewed member attendance and, in part, sought to balance committee membership numbers and among those who are more and less active. He also indicated that they had reviewed assignments and specifically sought to unburden those with too many assignments so they could focus their specific talents in more defined directions. Likewise, the Co-Chairs sought to spread leadership roles and positions among more of the membership, allowing for more leadership development and greater active involvement by more Commissioners. He added that two of the Task Forces already have established memberships and have only been elevated, and called upon all Commissioners to participate in the HCR discussion as it is central to the future of the local service delivery system.
- Dr. Younai said she was exhausted after years of countless expert panel meetings, thousands of pages of documents, and presenting to the public, but the standards must be moved forward quickly or they will become obsolete. Nothing else the Commission does matters unless if it does not translates into people getting the care they deserve.
- She added that managed care providers were represented in several expert panels, so those standards were unlikely to need much modification. There were likely to be significant changes regarding Enrollment, Benefits Specialty and other initial patient contact standards. She asked how standards could be adapted when we do not know what the new system is. Mr. Johnson said there was outreach to DHS, CHP and LA Care to provide information as changes develop.
- Mr. Johnson said it is intended for the committees to use the plan as a basis for 2011 work plan development. It will take a couple of months as two committees must elect new co-chairs and work is complex requiring prioritization, a task list and timeline. Committees may find they need to request additional skill sets at the table.

➲ Staff will poll Executive Committee members regarding a possible special Executive meeting to discuss the plan.

D. Executive Committee At-Large Member Nominations: The three At-Large seats were opened for nominations.

E. Commission Town Hall Meeting: Mr. Vincent-Jones said the Executive Committee planned a town hall on impending system changes for the 2/10/2011 Commission meeting.

12. STATE OFFICE OF AIDS (OA) REPORT:

A. Governor's Proposed 2011-2012 Budget:

- Dr. Roland reported OA now receives State General Funds only for the ADAP and surveillance programs. There were no changes to surveillance proposed in the Governor's budget. ADAP funding was increased for both this fiscal year and the next to address anticipated drug price increases and expected increases in the number of patients.
- Per the Governor's proposed budget, ADAP share-of-cost requirements will expand starting in the next fiscal year on 7/1/2011. Those with incomes 400% Federal Poverty Level (FPL) or more previously paid them. The Governor's budget expands premium payments, as allowed by Federal law, to patients with incomes 100% FPL or more, about 45% of California's total ADAP patient population. Maximums are outlined in Ryan White legislation and reflected in the Part A

and Part C grants. OA is currently discussing whether a client could be charged multiple shares-of-cost with the HRSA Project Officer.

- Discussions continue on maximizing savings and operationalizing the program. Nevertheless, Governor Brown has proposed passing the budget in 60 days, so decisions must be made quickly. It is possible there will be no May Revise.
- OA has advocated for sharing information as quickly as it is vetted through the administration. They will meet with the Senate Budget Subcommittee staff on 1/18/2011 to discuss details. OA then attends the Subcommittee hearing and will answer questions, if permitted. The process repeats in the Assembly.
- The OA website includes talking points, also in the packet, and the AIDS Chart with funding details on State and Federal funds. It appears that Federal funds may have decreased for the next fiscal year, but base funds have remained the same. The difference reflects supplemental funds received last year. It is likely such funds will be received for the next fiscal year and totals will be revised if they are.
- Mr. Butler asked about the Working Disabled Program. Dr. Roland knew of the proposal, but has no authority over it.
- Mr. Liso expressed concern about the Medi-Cal limit of ten medical visits per year as PWH often need more medical visits. Dr. Roland said OA was investigating the possibility of Ryan White as a payer of last resort. Ryan White could potentially cover HIV-related services not provided by another insurer, such as Medi-Cal, but might be limited for other services. Mr. Liso also inquired about the calculation of the FPL. Dr. Roland responded that it is revised each April.
- Mr. Engeran-Cordova asked about the dollar figure of FPLs. He felt the proposed shares-of-cost would forcibly push people out of care due to inability to pay. Dr. Roland responded that her office did not develop the policy. She noted philosophical support for cost-sharing in the Health and Human Services (HHS) budget overall, and recommended caution in suggesting other solutions as they may be added to, rather than replace, cost-sharing.
- Mr. Ballesteros commented that pushing people out of care would result in greater costs as their health deteriorates. Ms. Forrest said ADAP co-pays contradict NHAS goals to bring more people into care. Dr. Roland agreed, but lacks authority to act.
- Mr. Land said people in the 200% to 300% FPL range have experienced multiple cuts in recent years, and expressed concern that access to programs, medical visits and medications is vanishing. Dr. Roland stressed the importance of ongoing communications with policy makers on these subjects. She also noted that there is a Federal requirement that OA must annually confirm share-of-cost use.

➲ Dr. Roland will email the FPL dollar ranges and will answer any other questions emailed to her.

B. Community Planning Group (CPG):

- Mr. Goodman reported this will now be a standing item. The CPG is the community planning body for OA. It first met in April 2010, so is addressing governance, structure and new mechanisms to ensure outreach to all stakeholders. The CPG's primary function is to write the State's combined Surveillance, Prevention and Care Plan due January 2012.
- He encouraged joining the OA Advisory Network. Electronic media are a key outreach tool, especially as the earlier body had a larger budget and some 40 members. This CPG has 17 members, five of whom are from Southern California: Sheryl Barritt, Long Beach; Oscar De La O, Bienestar; Scott Singer, APLA; Alex Washington, Cal State Long Beach; and himself.

➲ Mr. Goodman will present on CPG structure and activities to both the Commission and PPC next month.

C. Other State Office of AIDS (OA) Items:

- Alessandro Rosse, Injection Drug Use Specialist, HIV Prevention Branch, noted OA previously said it would re-visit the test kit allocations if more prevention funds became available. The CDC provided one-time supplemental funds soon after that commitment was made, and OA has decided to spend those funds on test kit purchases. OA contacted the 17 funded jurisdictions to assess test kit needs and expects to meet them.
- These funds are only for this year. If the CDC provides more funds in future, OA will work with the California Conference of Local AIDS Directors (CCLAD) and the Community Planning Group (CPG) to identify priorities and assess needs.
- Mr. Engeran-Cordova asked if the formula used for the previous allocation would be used for the new test kit allocations. Ms. Rosse said the decision had not been made, but feedback was welcome. Mr. Engeran-Cordova reiterated that the County need was great. Mr. Simon asked about the total of CDC supplemental funds. He said the formula was moot if OA used jurisdictions' expressed need.
- Ms. Rosse announced the CDC initiated a limited funding grant for Enhanced Comprehensive HIV Prevention Planning (ECHPP), also called the 12 Cities Project. Los Angeles and San Francisco are California jurisdictions that have been included. The grant may fund some implementation activities. The CDC has fast-tracked planning as part of National HIV/AIDS Strategy (NHAS) implementation. OA attended the first grantee meeting as an observer to assess how ECHPP

will affect future CDC funding and direction. The CDC strongly supports ECHPP, so it will probably influence the 2012 CDC Cooperative Prevention Grant.

- The CDC has not announced plans for any PrEP studies beyond the one that has been completed. OA is working with San Francisco, which has expressed interest in any future studies, and has advised OAPP that it is interested in future studies in the County as well.
- Celia Banda-Brown, Chief, ADAP Section, noted people need only apply once for Medicare Part B if they wish to enroll, but must apply annually for the OA Medicare Part B Premium Payment Program. OA began accepting applications 11/15/2010 for calendar year 2011. People can apply at any time, but applications must be received by 2/28/2011 for premiums to be paid for the full year. After 2/28/2011, OA will only pay premiums retroactively to the month prior to application receipt.
- The Bureau of State Audits annually evaluates OA oversight of ADAP enrollment at the local level. It raised inadequate documentation concerns at last year's legislative budget hearing and is expected to do so again this year. Consequently, OA will doing enrollment site visits every three years. Staff evaluated five County sites in December and will visit 15 more by year's end.
- Leslie McCludy reported that OA has begun HIV Care Program visits to funded local health jurisdictions and OA program and contract advisors in order review compliance and program standards. Site visits are scheduled for Long Beach on 1/19/2011 and planned for Los Angeles in February or March.
- OA recently received the Los Angeles and Long Beach HCP and MAI contracts and forwarded them for final departmental signature. It has been taking about one month to receive final signatures for contracts.
- The Medi-Cal Waiver Program MOU includes eight providers, including one in Long Beach. The renewal process will conducted every five years with Medi-Cal and the Centers for Medicare and Medicaid Services (CMS). The current re-newal expires 12/31/2011. Suggestions for improvement have been solicited from current Medi-Cal Waiver providers.
- Mark Damesyn, Chief, Research Section, reported on the Medical Monitoring Project (MMP), which is a CDC-sponsored surveillance project run by the Surveillance, Research and Evaluation Branch. It is designed to understand experiences, behaviors and health outcomes of adults receiving medical care for HIV/AIDS.
- MMP operates in 16 states, 6 cities and Puerto Rico. California has three independently funded sites: Los Angeles, San Francisco, and the California project area for the rest of the State (implemented by OA with field activities conducted by Stanford University). MMP annually collects information from a random sample of people receiving HIV care.
- California sites combined data for 2007 and 2008 to improve analyses. With CDC input, the sites hold conference calls on priority analyses of key clinical, programmatic and policy questions. The sites drafted procedure guidelines for identification and completion of MMP analyses that utilize the combined data for publication and presentation.
- The three California sites are collaborating to submit a presentation to the 2011 National HIV Prevention Conference, which will also be developed into a manuscript for submission to a peer-reviewed journal and other distribution.

➲ Ms. Rosse will report back on the amount of CDC supplemental funds and the additional test kits being provided.
➲ There will be a report of highlights of the December ADAP site visits by OA staff at the next Commission meeting.
➲ Per Mr. Land's request, OA will prepare an update on the 250% Return-To-Work Program.
➲ Per Ms. O'Malley's request, OA will report on which providers were solicited for suggestions of Medi-Cal Waiver improvements.

13. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

A. FY 2011 Ryan White (RW) Part A Application:

- Ms. Wu, HRSA Grants Manager, reported that she is now responsible for both HRSA and State grants.
- The Part A application is competitive and the basis for the Part A supplemental award, which has been one-third of the total award since the 2006 Reauthorization. A special section was also added on the early identification of PWH, to provide a comprehensive picture of the County's service delivery system and its challenges.
- The County usually receives approximately $35 million for Part A and another $2.5 million for the Minority AIDS Initiative (MAI). HRSA released this year's guidance in August 2010 with a 10/18/2010 due date. The award announcement is expected in late February for the fiscal year beginning 3/1/2011.
- HRSA emphasized NHAS goals in this year's guidance, including reducing the number of people infected, increased access, optimizing health outcomes and reducing HIV-related health disparities. Emphasis remains on access to primary care and medication, with the continuing requirement that 75% of funding is allocated to core medical services.
- A new emphasis this year is Early Identification of Individuals with HIV/AIDS (EIIHA) to identify those unaware of their status. Jurisdictions are required to provide an EIIHA strategy, plan and data.

- The guidance also stated that national monitoring standards will be Conditions of Award (COAs) in FY 2011. OAPP is taking steps to ensure its process and contracts will be consistent with those standards.
- Continued emphases are: estimating and addressing unmet need, quality management, third-party reimbursement to ensure RW funds are the payer of last resort, and cultural/linguistic competency. HRSA added new content requirements for FY 2011 including EIIHA and increased the page limit from 80 to 90 pages.
- Distribution of the 100 points changed after Reauthorization. Demonstrated Need and EIIHA are each about one-third, as required by law. Grantee Administration increased from 5 to 10 points while Planning and Resource Allocations decreased from 10 to 5. Budget and Maintenance of Effort (MOE) increased from 2 to 5. Other changes were negligible.
- Ms. Wu said the Demonstrated Need narrative section provides a picture of the County's epidemiology. The HIV Epidemiology Program (HEP) provided eHARS data for 24,845 PWA and 19,225 PWH (non-AIDS) as of 12/31/2009. OAPP also used estimates based from Casewatch and OA data to reflect unreported and undiagnosed cases, e.g. OA data reflects Medicare and Medi-Cal cases. Estimates are key in demonstrating breadth of the challenge.
- There were 2,002 new cases from the last two years, 2008 and 2009, reported as of 8/31/2010. The total burden of disease, including an estimated 13,000 undiagnosed, is 62,000 to 65,000. Populations identified with a disproportionate impact are: MSM, African-Americans, homeless, formerly incarcerated, and transgender individuals.
- HRSA wanted gaps described two ways: underrepresented populations and service gaps of oral health, housing, unmet need and those unaware of their HIV status.
- HRSA also requires discussions of co-morbidities, homelessness, lack of health insurance, and poverty (300% or less FPL) to show impact on cost and complexity of care. OAPP also described TB, hepatitis, mental illness and substance abuse as co-factors. Service delivery cost/complexity is also compared between the formerly incarcerated and the general population. Cuts to other funding streams are discussed in the context of impact on service coordination with systems funded by other public sources.
- HRSA only allows six special populations with unique service delivery challenges to be enumerated. OAPP defines those six populations as broadly as possible to address as many complicating factors as possible: MSM, Women of Color, multiply-diagnosed, African-Americans, Latinos/as, and transgenders. Challenges addressed in the narrative include: coordination across geographic variations and population diversity; leveraging resources in economic decline and State budget crisis; increasingly complex HIV and chronic disease care.
- The guidance asked jurisdictions to address the impact of possible reduced Ryan White funding. The County did not experience a formula funding decline, but used the opportunity to address underfunding due to under-reported cases.
- Previously HRSA requested a simple unmet need estimate. This year it requested trend information. The methodology used for estimates is not perfect, but has been validated and shows a decline from 2007 to 2009 of 39.1% to 35.2%. The Unmet Need narrative must describe demographics and population locations; service needs, gaps and barriers; and efforts to find and enter PWH not in care into care. The proposal provides analysis on populations disproportionately not in care: women, transgender, youth, African-Americans, Latinos/as, APIs and IDUs.
- The new EIIHA section requires description of strategy, plan and data. OAPP strategy focuses on normalizing HIV testing while using geo-mapping to target HIV testing to high incidence areas in order to maximize limited resources. It also establishes a goal of 95% disclosure and linkage to care. The strategy emphasizes coordination in related programs.
- The required EIIHA plan matrix steps down from all HIV status unaware, to the tested versus not tested, to subgroups: men, women, partners of PWH, youth, incarcerated/post-incarcerated and those not informed of test results. The main plan sections are: identify, inform, refer and link to care with examples of County initiatives in each area.
- HRSA provided the formula to estimate the number of unaware individuals. The result is 11,333 which is lower than the HEP estimate of 13,000. Total 2009 tests, including those conducted by the STD Program, were 73,356. 87.4% were informed of their test result and 773 tested HIV+. Full HIV counseling and testing data is on the OAPP website.
- Access to Care and the FY 2011 Plan reviews the Continuum of Care (CoC), its implementation plan, development via needs assessment and comprehensive planning, including increased access and needs of emerging populations.
- The Grantee Administration section includes grantee organization information and accountability regarding: fund distribution/tracking, fiscal and program monitoring, corrective actions, technical assistance, audit findings/provider compliance, reporting/reconciling program expenditures, invoice receipt/payment and fiscal staff accountability. HRSA also requires description of the process, documentation and monitoring of third-party reimbursements. Planning council administrative assessment results, recommendations and grantee response are also described.
- The Planning and Allocation section by the Commission includes a letter of assurance from the Co-Chairs and description of the Priorities- and Allocation-Setting (P-and-A) Process, including how PLWHA were involved, data was

used in decision-making, and how funding fluctuations and MAI were addressed. The allocation table verifies required 75% core medical funding. HRSA added needs assessment of those not in care, unaware and historically underserved.

- The Budget and MOE section caps grantee administration/planning council support at 10% and Quality Management (QM) at 5%. OAPP requested $49,812,316, including MAI, to emphasize need—although less is anticipated. HRSA now requires an MOE table that lists services as core or support and identifies other County and municipal support.
- The Clinical QM (CQM) section is somewhat different as CQM is being restructured. The structure, mission and goals are discussed along with the internal administrative process, assessing quality of services, performance indicators/ outcome measures, and CQM implementation, monitoring and evaluation, including data collection and use.
- Mr. Sotomayor asked if incarcerated/post-incarcerated services have declined, to which Ms. Wu responded that they had not. She added the population is an OAPP priority. Several initiatives are in progress, so more information will be available soon.
- Ms. James noted estimates indicate that within a few years over 50% of PWH will be 50+. She felt that should be a special population, especially as there are additional health issues with age. Ms. Wu noted all populations listed include the 50+ subgroup, so their unique challenges were incorporated within the discussion of those special populations.

14. HIV EPIDEMIOLOGY PROGRAM (HEP) REPORT: There was no report.

15. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that the 1/8/2011 meeting colloquia was on the multinational iPrEP study using two medications prior to a sexual encounter to protect against infection. Subsequent community education forums are planned.
- The PPC will hold its Annual Meeting on 2/3/2011. The subject will be development of the new Prevention Plan.
- The Latino Task Force provided an update. Interested parties are encouraged to join.
- Ms. Watt reported the Commission/PPC Integration Task force met 1/10/2011. She reported good progress has been made to address the NHAS goals/objectives, a Testing and Linkage to Care, Treatment Plus (TLC+) plan, and an integrated continuum of care.

➲ Information on planned iPrEP community forums will be posted on the PPC section of the OAPP website once scheduled.

16. CONSUMER CAUCUS REPORT:

A. Community Mobilization Plan:

- Mr. Land, Co-Chair reported that the proposed plan has been opened for public comment until 1/31/2011. Comments are especially encouraged from providers as it was developed by consumers who seek input from their provider partners. Comments will be reviewed at the next meeting. He called attention to the letter on the 1/18 and 1/20/2011 HIPP/C-S focus groups discussed earlier.
- He announced that Mr. Ceja and Mr. Liso have been elected Co-Chairs, in addition to himself.

➲ A meeting with SPA 1 consumers was scheduled for 1/18/2011, Los Angeles County Fire Department, North County Training Center, 42110 6th Street West, Room 67, Lancaster to discuss upcoming health care and provider changes in the Antelope Valley/SPA 1.

18. STANDING COMMITTEE REPORTS:

A. Joint Public Policy (JPP) Committee:

1. ***Implications of Proposed State Budget***:
   - Mr. Engeran-Cordova and Mr. Goodman presented a synopsis on the Governor's proposed FY 2011 budget.
   - New cost-sharing up to the maximum allowed by Federal law is proposed for those receiving ADAP services. Approximately 40% of California ADAP recipients live in the County. Those making 1% to 100% FPL would not be subject to increased costs. Close to 55%, or 20,000 to 21,000, of those on ADAP are in that FPL range. For the remaining ADAP recipients: 101% to 200% FPL, $10,938 to $21,600, up to 5% of gross annual income or $547 to $1,080; 201% to 300% FPL, $21,763 to $32,490, up to 7% of gross annual income or $1,523 to $2,274; 301% to 400% FPL, $32,598 to $43,320, up to 10% of gross income or $3,260 to $4,332. The 301% to 400% FPL population is generally in the low-income working class, so the 10% would effectively be 22% of after tax income.
   - California would likely be the only state to initiate co-pays at the 101% FPL level if these proposals are instituted though some have lowered the FPL eligibility level (e.g., from 400% to 300%), effectively disenrolling some people.
   - Mr. Goodman said Medi-Cal proposals are complex and in-depth. The presentation focused on the most pertinent. Utilization limits are proposed for both Medi-Cal fee-for-service and Medi-Cal managed care.

- The proposal limits medical visits to 10 per year and non-life-saving prescriptions to 6 per month. 10% of Medi-Cal recipients in California exceed these limits, with PWH disproportionately represented. The proposal does not define "medical visits" or "non-life-saving." Limits are also proposed for some supplies, such as adult diapers. Proposed Medi-Cal co-payments are: office visit, $5; hospital visit, $50; hospital stay, $100 per day.
- The proposal also would cut all Medi-Cal service provider rates 10%. This has been proposed previously and is now pending in the courts. The consumer concern is access to care, as providers may choose not to provide Medi-Cal services. Ms. O'Malley added quality is also likely to be impaired if the reduction is approved by the courts.
- There are a variety of other cuts proposed, including sharp reductions to In-Home Supportive Services (IHSS) and the elimination of Adult Day Health Care.
- SSI has already been cut several times over the last few years and would now be reduced to the Federal minimum. On average, the Federal minimum is $830 per month. The average cut would be about $15 per month.
- Mr. Engeran-Cordova said the Legislature will now review the proposal in preparation for a May Revise. The budget deadline is 7/1/2011. A recent proposal permanently cuts legislators' pay for each day beyond that.
- The Governor also wants the Legislature to put forward a ballot initiative to approve five-year extension of existing temporarily increased taxes. That will likely need a two-thirds vote. The Governor wants implementation of his proposed cuts prior to the initiative. He said if taxes are not extended, cuts will double and new areas such as K-12 education will be cut to address the additional $9 to $12 billion budget gap.
- Mr. Land said those in the 200% to 300% FPL range are particularly vulnerable to access barriers. He felt out-of-pocket costs would likely to be twice as high, which would push numbers of this permanently disabled population out of services.
- Mr. Engeran-Cordova noted other states have addressed budget crises by limiting the number of services and people served, creating waiting lists. The Governor's approach maintains more services, but forces many out of them by making them unaffordable. Mr. Goodman noted the issue was raised in a briefing conference call. The response acknowledged the effect and that estimates would be developed.
- Mr. Chud noted he lives solely on SSDI, yet already is not eligible for some services. One year he was improperly charged a $500 co-pay on all his medications. While resolved a week later, it was a terrifying experience.
- Mr. Engeran-Cordova felt the County held a unique role and responsibility in the conversation on proposed cuts as 40% of ADAP recipients live in LA County. One idea would be to develop a cost neutral counter-proposal. It is important to be mindful of the budget deficit and that ADAP costs about $500 million to serve 38,000 people. That should not mute the voice supporting needs of PWH, but needs should be addressed in ways that acknowledge others' needs.
- The key criterion for actions should be to assess the need and how to keep clients whole, e.g., there may be options in the County not available elsewhere in the State. There may also be exceptions or waivers for some proposals, and other programs that might absorb some costs. The proposed budget lacks clarity on such options.
- Dr. Younai reported SOC discussed care threats due to proposed ADAP and other cuts. SOC suggests a position paper to OA to identify appropriate PWH care and describe how to provide it cost-effectively. Mr. Goodman added all committees have a role. P&P may need to address allocations if the Commission chooses to backfill some cuts.
- Mr. Engeran-Cordova agreed other cuts are extremely important, but felt the Commission's impact is greater if it focuses on ADAP, uniquely pertaining to PWH. Medi-Cal serves millions and the Commission's voice may be lost.
- Ms. Watt suggested first defining the Commission's role as a planning body given this information and what part of the information pertains to each Commission function. That discussion could frame action steps to move forward.

B. Priorities & Planning (P&P) Committee:

1. ***Data Summit***: Mr. Goodman reported the Summit would be 1/21/2011, 8:30 am to 5:00 pm, at the Wilshire Hotel across from the Commission offices. Speakers will discuss how information from needs assessments, on service gaps and in epidemiological data is used. Dr. Gery Ryan, Rand Corporation, is the keynote speaker. Other speakers are Dr. Arleen Leibowitz, UCLA; Joseph Martinez, United Way of Los Angeles; Dr. Frye and Dr. Amy Wohl, HEP.

➲ RSVP to Ms. McClendon by 1/18/2011 to ensure a seat.

C. Operations Committee:

1. ***Membership Nominations***:
   MOTION 5: Nominate Stephen Simon to the City of LA representative seat, Jocelyn Woodard to the SPA 1 Consumer seat, and Robert Sotomayor to the SPA 1 Consumer Alternate seat and forward to the Board of Supervisors for appointment ***(Passed as part of the Consent Calendar)***.
2. ***Membership Application Revisions***:
   MOTION 6: Approve revisions to the New Member and Renewal applications, as presented ***(Withdrawn)***.
3. ***Commission New Member Orientation***: Mr. Johnson noted the orientation had originally been scheduled after the Commission Meeting. It has been postponed due to the change in Commission leadership and development of presentations on budget issues. Instead, a Consumer Caucus meeting will follow the Commission to discuss the budget as well as committee changes.

D. Standards of Care (SOC) Committee: There was no report.

18. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

19. TASK FORCE REPORTS: There were no reports.

20. **SPA/DISTRICT REPORTS**:

- Ms. White noted SPA 6 was concerned about Ms. Broadus' absence. She asked about the protocol for removing Commissioners. Mr. Johnson replied Commissioners remain unless replaced, they resign or are removed by the Board. Mr. Vincent-Jones replied the County's Commission Report on its 200 commissions cited enforcement of discipline for nonfulfillment of duties as a problem.
- SPA 6 will hold January through June meetings at Watts Healthcare Foundation to ease consumer attendance planning.
- Ms. Washington-Hendricks noted only SPA 6 usually reports. Though no longer funded, she knows other SPAs still meet and asked if they were invited. Mr. Vincent-Jones replied improving SPA attendance has been addressed in the Community Mobilization Plan, but all meetings were public and all constituencies are invited to attend and report.

21. **COMMISSION COMMENT**: There were no comments.

22. **ANNOUNCEMENTS**: There were no announcements.

23. **ADJOURNMENT**: Mr. Johnson adjourned the meeting at 2:20 pm in memory of Terry Soldano, Director, Group Homes Program, Serra Project, and David Tucker, alumni, Van Ness Recovery House.

A. Roll Call (**Present)**: Bailey, Ballesteros, Butler, Engeran-Cordova, Goddard, James, Johnson, Kochems, Land, Lopez, O'Malley, Peterson, Rivera, Simon, Sotomayor, Washington-Hendricks, Watt, Younai

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order with Item 18. B. moved up to follow Item 10 and corrected to reflect that Ms. Watt has been designated the official PPC representative to the Commission.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the minutes from the 12/9/2010 Commission on HIV meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve the Consent Calendar with Motion 6 withdrawn.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Approve Policy/Procedure #09.2102 *(Executive Committee At-Large Member Elections and Terms)***,** as presented.	***Passed as part of the Consent Calendar***	**MOTION PASSED**
MOTION 5: Nominate Stephen Simon to the City of LA representative seat, Jocelyn Woodard to the SPA 1 Consumer seat, and Robert Sotomayor to the SPA 1 Consumer Alternate seat and forward to the Board of Supervisors for appointment.	***Passed as part of the Consent Calendar***	**MOTION PASSED**
MOTION 6: Approve revisions to the New Member and Renewal applications, as presented.	***Withdrawn***	**MOTION WITHDRAWN**